

ARTICLE 61.5-05

SUPERVISION OF SUPPORTIVE PERSONNEL

Chapter

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Section

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61.5-05-01-01. Delegation of responsibility. When a physical therapist delegates patient care responsibilities to physical therapist assistants or other supportive personnel, the physical therapist holds responsibility for supervision of the physical therapy program. Physical therapists shall not delegate to a less qualified person any activity that requires the unique skills, knowledge, and judgment of the physical therapist. The primary responsibility for physical therapy care rendered by supportive personnel rests with the supervising physical therapist. Adequate supervision requires, at a minimum, that the supervising physical therapist perform the following activities:

1. Designate or establish channels of written and oral communication.
2. Interpret available information concerning the individual under care.
3. Provide initial evaluation.
4. Develop plan of care, including short-term and long-term goals.
5. Select and delegate appropriate tasks for plan of care.
6. Assess competence of supportive personnel to perform assigned tasks.
7. Direct and supervise supportive personnel in delegated tasks.
8. Identify and document precautions, goals, anticipated progress, and plans for reevaluation.

9. Reevaluate, adjust plan of care when necessary, perform final evaluation, and establish followup plan of care.

History: Effective December 1, 1994.

General Authority: NDCC 43-26.1-03(5)

Law Implemented: NDCC 43-26.1-01(7), 43-26.1-11, 43-26.1-13(7)

61.5-05-01-02. Physical therapist assistants. The physical therapist assistant shall perform specific physical therapy duties under the supervision of a physical therapist who is properly credentialed in the jurisdiction in which the physical therapist assistant practices.

1. Performance of service in general.
 - a. The physical therapist assistant may initiate or alter a treatment program only with prior evaluation by, and approval of, the supervising physical therapist.
 - b. The physical therapist assistant, with prior approval by the supervising physical therapist, may adjust the specific treatment procedure in accordance with changes in the patient's status.
 - c. The physical therapist assistant may interpret data only within the scope of the physical therapist assistant's education.
 - d. The physical therapist assistant may respond to inquiries regarding a patient's status to appropriate parties within the protocol established by the supervising physical therapist.
 - e. The physical therapist assistant shall refer inquiries regarding patient prognosis to a supervising physical therapist.
 - f. Documentation other than the initial note and the discharge summary can be written by a physical therapist assistant.
2. Service in home health, long-term care, and school settings.
 - a. A qualified physical therapist must be accessible by communication to the physical therapist assistant at all times while the physical therapist assistant is treating the patient.
 - b. An initial visit must be made by a qualified physical therapist for evaluation of the patient and establishment of a plan of care.
 - c. A joint visit by the physical therapist and physical therapist assistant or a conference between the physical therapist and physical therapist assistant must be made prior to or on the first

physical therapist assistant visit to the patient. The physical therapist must complete the initial evaluation.

- d. At least once every sixth physical therapist assistant visit or at least once every thirty calendar days, whichever occurs first, the physical therapist must visit the patient. Following each onsite visit by a physical therapist, the medical/education record must reflect a documented conference with the physical therapist assistant outlining treatment goals and program modification. The physical therapist must make the final visit to terminate the plan of care.
 - e. A supervisory onsite visit must include:
 - (1) An onsite functional assessment.
 - (2) Review of activities with appropriate revisions or termination of plan of care.
 - (3) Assessment of utilization of outside resources.
3. Service in hospitals or other clinical settings require constant onsite supervision.
- a. All duties must conform with section 61.5-05-01-01.
 - b. A joint treatment with the physical therapist and physical therapist assistant or after a direct treatment by the physical therapist with a conference between the physical therapist and physical therapist assistant must occur at least once per week.

History: Effective December 1, 1994; amended effective July 1, 2004.

General Authority: NDCC 43-26.1-03(5)

Law Implemented: NDCC 43-26.1-01(6), 43-26.1-11, 43-26.1-13(7)

61.5-05-01-03. Athletic trainers. Repealed effective July 1, 2004.

61.5-05-01-04. Physical therapy aides. The physical therapy aide may assist the physical therapist in the following activities:

- 1. Carry out established procedures for the care of equipment and supplies.
- 2. Prepare, maintain, and clean up treatment areas and maintain a supportive area.
- 3. Transport patients, records, equipment, and supplies in accordance with established policies and procedures.
- 4. Assemble and disassemble equipment and accessories.

5. Under the direct supervision of a physical therapist, assist in preparation for and perform routine tasks as assigned.

History: Effective December 1, 1994; amended effective July 1, 2004.

General Authority: NDCC 43-26.1-03(5)

Law Implemented: NDCC 43-26.1-01(8), 43-26.1-11, 43-26.1-13(7)

61.5-05-01-05. Supervision ratios. A physical therapist, at any one time, may supervise a maximum of three supportive personnel if no more than two are physical therapist assistants.

History: Effective December 1, 1994; amended effective July 1, 2004.

General Authority: NDCC 43-26.1-03(5)

Law Implemented: NDCC 43-26.1-01(7), 43-26.1-11, 43-26.1-13(7)

61.5-05-01-06. Supportive personnel identification. All supportive personnel shall wear an identification badge identifying them as a physical therapist assistant or physical therapy aide, or as appropriate. Supportive personnel shall not use any term that implies they are licensed physical therapists.

History: Effective December 1, 1994; amended effective July 1, 2004.

General Authority: NDCC 43-26.1-03(5)

Law Implemented: NDCC 43-26.1-01(6), 43-26.1-01(8), 43-26.1-11, 43-26.1-13(7)